

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/532,271
	Filing Date	November 8, 2005
	First Named Inventor	Jones, Peter
	Title	ANTI-INFECTIVE BIARYL COMPOUNDS
	Art Unit	1625
	Examiner Name	Zinna Northington Davis
	Attorney Docket Number	020891-001520US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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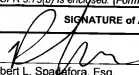
Telephone Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	8/8/07
Name	Robert L. Spadefora, Esq.	Telephone	
Title and Company	Vice President of Legal Affairs of Genesoft Pharmaceuticals, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.